

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	<input checked="" type="checkbox"/> Declaration Submitted With Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
	Attorney Docket Number US040168		
	First Named Inventor Guofu Zhou, et al.		
	COMPLETE IF KNOWN		
	Application Number /		
	Filing Date		
Group Art Unit			
Examiner Name			

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AN ELECTROPHORETIC DISPLAY WITH REDUCED CROSS TALK

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


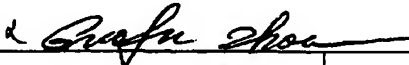

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION — Utility or Design Patent Application

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Name: PHILIPS INTELLECTUAL PROPERTY & STANDARDS					
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City: Briarcliff Manor		State NY		ZIP 10510-8001	
Country U.S.A.		Telephone: (914) 332-0222		Fax: (914) 332-0615	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Guofu		Family Name or Surname	
				Zhou	
Inventor's Signature				Date <i>21-07-04</i>	
Best Residence: City		State		NL Country	
				NL Citizenship	
Gaimhevel 4 Mailing Address					
Best City		State		5685 AK Zip	
				NL Country	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Jan van de		Family Name or Surname	
				Kamer	
Inventor's Signature				Date	
Heerlen		State		NL Country	
Residence: City				NL Citizenship	
Heerenweg 322 Mailing Address					
Heerlen		State		6414 AV Zip	
City				NL Country	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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Address: P. O. Box 3001

City: Briarcliff Manor

State NY

ZIP 10510-8001

Country U.S.A.

Telephone: (914) 332-0222

Fax: (914) 332-0615

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle (if any))

Guofu

Family Name
or Surname

Zhou

Inventor's
Signature *[Signature]*Date *[Date]*

Best

Residence: City

State

NL

Country

NL

Citizenship

Galmheuveld 4

Mailing Address

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City

State

5885 AK

Zip

NL

Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle (if any))

Jan

Family Name
or Surname

van de KAMER

Inventor's
Signature *[Signature]*Date *[Date]*

Heerlen

Residence: City

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State

6414 AV

Zip

NL

Country

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Mark T.		Johnson	
Inventor's Signature <i>M. T. Johnson</i>		Date <i>21-02-09</i>	
Residence: City	Veldhoven	State	Country NL
Citizenship		GB	
Mailing Address De Geelgater 18			
Mailing Address			
City	Veldhoven	State	ZIP 5506 CA
Country		NL	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Citizenship			
Mailing Address			
Mailing Address			
City		State	Zip
Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Citizenship			
Mailing Address			
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City		State	Zip
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